

Regional Collection Center, Semi-Annual Report

July 1, 2004 through December 31, 2004

Facility Name

**REPORT IS DUE ON
OR BEFORE
March 1, 2005**

Please change address, if it has changed since last report.

Send completed form to:
Energy and Waste Management Bureau
502 East Ninth Street
Des Moines, Iowa 50319-0034

REGIONAL COLLECTION CENTER PROGRAMS. Please answer the following questions on this facility's waste report and efficiency calculations.

EPA site identification number:

Service area:

Provide the total weight of material received from:

Permanent Facility _____ pounds

Mobile Collections _____ pounds

Satellite Site(s) _____ pounds

TOTAL _____ **Pounds**

CESQG DATA Total number of CESQG participants for this reporting period and pounds

Permanent Facility _____ participants

Permanent Facility _____ pounds

Mobile Collections _____ participants

Mobile Collections _____ pounds

Total from Satellite Site(s) _____ participants

Total from Satellite Site(s) _____ pounds

HOUSEHOLD DATA

Please provide the *number of households* for this reporting period

No. Households

Total from Satellite Site(s) _____

Permanent Facility _____

Mobile Unit Collections _____

Total of above _____

REVENUE

Please report revenue amounts:

CESQG _____

Swap Shop _____

Satellites _____

EXPENSES Please provide information on the operational costs of all services provided by this facility:

Disposal Cost \$ _____

Public Ed./Advertising \$ _____

Salaries \$ _____

Training \$ _____ Satellite Expenses _____

Equipment/Supplies \$ _____

Bldg./Site \$ _____

Overhead (Admin & Util) \$ _____

Other \$ _____

Total Operating Cost (including satellites and mobile units) \$ _____

SWAP SHOP

Do you operate a waste exchange or swap shop?

☐ Yes ☐ No

Questions? Call or Email:

Kathleen L. Hennings Environmental Specialist,
kathleen.hennings@dnr.state.ia.us 515-281-5859

If yes, provide the following information for participants removing materials:

No. Households _____ Total Pounds _____ Types commonly removed _____

Do you charge for materials removed?

☐ Yes ☐ No

Estimated disposal savings by operating an exchange or swap shop \$ _____

Do you utilize volunteers?

☐ Yes ☐ No

Do you recycle/reuse on site?

☐ Yes ☐ No

Do you presently have plans to expand your program?

☐ Yes ☐ No

If yes, how so?

PROGRAM SUMMARY

Please provide the following amounts:

Total Operational Cost (Total expenses from page 1.) \$ _____

Total Operational Cost per lb of Waste \$ _____

Total Disposal Cost (From page 1)\$ _____

Total Disposal Cost per pound of Waste \$ _____

Are you filing for reimbursement? ☐ Yes ☐ No

If yes please attach supporting shipping papers or invoices showing material weights.

(Required for reimbursement.)

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature

Name & agency of Person Certifying
(please type or print)

Date

X _____

Telephone Number

Fax

Email

Additional Comments:

Questions? Call or Email:

Kathleen L. Hennings Environmental Specialist,
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